Steps To Become a Substitute/Tutor for the Milton Town School District

1. Fill out all necessary paperwork attached to this page.

2. Bring your ID’s for the I-9 Form. View the list for what is acceptable.

3. If you have a Vermont Teaching License please attach a copy.

4. For Electric Deposit be sure to follow the instructions on the form and fill out completely and attached copy of a voided check for checking or deposit slip for a savings account.

5. For fingerprinting; if you have not had fingerprinting done (must be from another VT School District) within the last three years, you will need complete this two-step process before you can begin to substitute/tutor. You will also be required to pay $13.25 to the Milton Town School District (check form or exact amount in cash) to begin this process. The instructions for fingerprinting is located in the back of this packet.

6. Please provide your email address on the application form to receive your login and pin number for substituting.

When you have completed the forms your next step will be to call the Terry Mazza, Human Resources at 802-893-5304 to set up an appointment to hand in your completed paperwork.

Should you have any questions please contact Terry Mazza at 802-893-5304.

We thank you for your interest in Substituting/Tutoring for the Milton Town School District.
## SUBSTITUTE/TUTOR

**EMPLOYMENT FORMS CHECKLIST**

**APPLICANT:** ____________________________ **PHONE:** ______________________

**EMAIL ADDRESS:** ____________________________

**POSITION & GRADE LEVEL:** ____________________________

The following forms are to be completed and submitted as one package along with the fingerprint card or release form filled out. **These are to be sent to the Human Resources Department located in the Superintendents Office before substituting.**

<table>
<thead>
<tr>
<th>Form Description</th>
<th>Date HR Pers. Received</th>
<th>Date HR Pers. Sent to Fin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Application/Resume (must be attached):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employment Eligibility Verification (Form I-9):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. W/4 Employee withholding allowance certification:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. W-4VT Employee withholding allowance certification:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Direct Deposit Form:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employee Declaration of Heath Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Criminal Record Check (<a href="#">prints or release form</a>):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Fingerprint Authorization Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Vermont Child Abuse &amp; Neglect Registry Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Forms 2-6 sent to the Finance Office:

**HUMAN RESOURCE SIGNATURE:** ____________________________

---

Created by Mazza, Terry 3/8/18
APPLICATION FOR SUBSTITUTE/TUTORING
Milton Town School District
12 Bradley Street
Milton, VT 05468

Name: 

Address: 

Social Security #: Phone #: 

Position Applied For: Are you VT Certified? 

If yes in what area? 

Are you a High School Graduate? Year? 

EDUCATION:

<table>
<thead>
<tr>
<th>Institution,</th>
<th>Degree</th>
<th>Major</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXPERIENCE:

1. Employer, Address & Phone #: 

Position: 

Dates: Supervisor: 

Reason for leaving: 

2. Employer, Address & Phone #: 

Position: 

Dates: Supervisor: 

Reason for leaving: 

3. Employer, Address & Phone #: 

Position: 

Dates: Supervisor: 

Reason for leaving: 

Specific skills related to the position applied for:


Reason for your interest in this position:


List below, names, current addresses and telephone numbers of at least three (3) references. Identify as personal, work or character.


1. Are you aware of any personal health conditions which could interfere with the normal performance of duties connected with the position(s) applied for?_______

2. Have you ever failed to be re-appointed for a position? If yes, please attach an explanation.

3. Are there any reasons you would not be able to complete the terms of the position for which you are applying? If yes, please attach an explanation.

4. I understand that, unless I check NO (below) that a reference contacted as a result of this application is free to suggest other references, and the school district has my permission to contact those references. NO____

5. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of information requested is cause for dismissal.

__________________________________________  _______________________
Applicant's Signature                         Date
DO YOU WANT TO SUBSTITUTE FOR TEACHERS IN OUR DISTRICT?
☐ Yes  ☐ No

PLEASE CHECK WHICH TEACHING LEVEL AND SUBJECT AREA YOU WISH TO SUBSTITUTE IN (YOU DO NOT NEED TO BE LICENSED TO SUBSTITUTE FOR A TEACHER).

Grade Levels:
☐ Early Education EEE
☐ Elementary K-5
☐ Middle School 6-8
☐ High School 9-12

Subject Areas:
☐ Art
☐ Music
☐ PE
☐ Science
☐ Social Studies
☐ English/Language Arts
☐ Family and Consumer Sciences/Health
☐ School Nurses
☐ World Languages (French, Spanish, German, Other __________)
☐ Special Education Teacher
☐ Reading Specialist
☐ Math
☐ EEE Teacher
☐ Speech and Language Pathologist
☐ Technology Teacher
☐ Behavior Specialist

Do you have a current Vermont Educator’s License?  ☐ Yes (please provide a copy)  ☐ No

DO YOU WANT TO SUBSTITUTE FOR NON-TEACHING POSITIONS IN OUR DISTRICT?
☐ Yes  ☐ No

Grade Levels:
☐ Early Education EEE
☐ Elementary K-5
☐ Middle School 6-8
☐ High School 9-12

Subject Areas:
☐ Paraprofessional – Special Education
☐ Paraprofessional – Library
☐ Non-Instructional Aide (Supervision for Playground, Lunch and Bus duties)
☐ Tutor
☐ Special Needs Program Specialist
☐ Planning Room Supervision
☐ Behavior Interventionist
☐ Administrative Assistant/Office Personal
☐ Food Service
☐ Custodial
☐ Maintenance Department
CONFIDENTIALITY FORM

The Milton Town School District recognizes that during the course of your employment for providing professional services, you may receive or become aware of personal information regarding students and or other employees. District policy and the law require that all Milton Town School District professionals keep such information confidential. (This requirement does not serve to limit any individual's obligation under Vermont Law as a mandatory child abuse reporter.)

Milton Town School District policy and federal law also specifically require the maintaining of confidentiality of personally identifiable information of students in educational records, as provided for in the Family Educational Rights and Privacy Act (FERPA'), Individuals with Disabilities Act ('IDEA'), and state law. Educational records are defined as records that are directly related to a student and maintained by an educational agency or institution (34 C.F.R. §99.3). "Record" is defined as any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audio tape, film, microfilm, and microfiche (34 C.F.R.§99.3).

I, ___________________________ (Print Full Name) understand and acknowledge that during the course of my services with the Milton Town School District I may become aware of personal information regarding students, including, but not limited to, information in educational records as defined by FERPA and Vermont State Board of Education Rule 2365. I understand and acknowledge that violations of the law and/or Milton Town School District's policies on confidentiality and FERPA constitute grounds for discipline, up to and including termination of services.

______________________________
Professional’s Signature and Date

(PLEASE RETURN FORMS TO TERRY MAZZA, HR)

Great Schools, Strong Community, Successful People
Notice

Candidates offered positions are to understand that any contract or agreement will be null and void should they fail to clear the criminal records check process.

This understanding includes substitutes and extracurricular activity leaders.

Amy Rex  
Superintendent

Candidate

Date

Great Schools, Strong Community, Successful People
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Date of Birth (mm/dd/yyyy)  
U.S. Social Security Number  
Employee's E-mail Address  
Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number):
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
   - Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
- Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ____________________________
   OR
2. Form I-94 Admission Number: ____________________________
   OR
3. Foreign Passport Number: ____________________________
   Country of Issuance: ____________________________

Signature of Employee  
Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):
- I did not use a preparer or translator.
- A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator  
Today's Date (mm/dd/yyyy)

Last Name (Family Name)  
First Name (Given Name)

Address (Street Number and Name)  
City or Town  
State  
ZIP Code
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.I. Citizenship/Immigration Status</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ____________________________ (See Instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
**LISTS OF ACCEPTABLE DOCUMENTS**

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documents that Establish Both Identity and Employment Authorization</strong></td>
<td><strong>Documents that Establish Identity</strong></td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
</tr>
</tbody>
</table>
| 1. U.S. Passport or U.S. Passport Card | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:  
  (1) NOT VALID FOR EMPLOYMENT  
  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  
  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | 3. School ID card with a photograph | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (Form I-197) |
| a. Foreign passport; and | 6. Military dependent's ID card | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| b. Form I-94 or Form I-94A that has the following: | 7. U.S. Coast Guard Merchant Mariner Card | 7. Employment authorization document issued by the Department of Homeland Security |
| (1) The same name as the passport; and | 8. Native American tribal document | |
| (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | 9. Driver's license issued by a Canadian government authority | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | **For persons under age 18 who are unable to present a document listed above:** | |
| | 10. School record or report card | |
| | 11. Clinic, doctor, or hospital record | |
| | 12. Day-care or nursery school record | |

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
# Employee's Withholding Certificate

**Form W-4**

> Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
>
> Give Form W-4 to your employer.
>
> Your withholding is subject to review by the IRS.

## Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>(b) Last name</th>
<th>(c) Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Address**
- **City or town, state, and ZIP code**

- **(c) Single or Married filing separately**
  - **Married filing joint (or Qualifying widow(er))**
  - **Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)**

> **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

## Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following:

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE OF these Jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

## Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by $2,000 ▶ $  
- Multiply the number of other dependents by $500 ▶ $  

Add the amounts above and enter the total here: 3 $  

## Step 4 (optional): Other Adjustments

(a) **Other Income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period.

## Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.)

**Date**

**Employers Only**

**Employer's name and address**

**First date of employment**

**Employer identification number (EIN)**

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

Future Developments
For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from Withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(a). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions
Step 1(a). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.
Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).
Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5. If you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a Add the amounts from lines 2a and 2b and enter the result on line 2c.

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b)—Deductions Worksheet (Keep for your records.)

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

2 Enter:
   
   a $24,800 if you're married filing jointly or qualifying widow(er)
   
   b $18,650 if you're head of household
   
   c $12,400 if you're single or married filing separately

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(o)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to states, the District of Columbia, and U.S. Commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
## Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$1,100 - 12,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$1,200 - 13,000</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$1,300 - 14,000</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$1,400 - 15,000</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$1,500 - 16,000</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$1,600 - 17,000</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$1,700 - 18,000</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$1,800 - 19,000</td>
</tr>
<tr>
<td>$80,000 - 99,999</td>
<td>$1,900 - 20,000</td>
</tr>
<tr>
<td>$100,000 - 139,999</td>
<td>$2,000 - 21,000</td>
</tr>
<tr>
<td>$150,000 - 199,999</td>
<td>$2,500 - 25,000</td>
</tr>
<tr>
<td>$240,000 - 299,999</td>
<td>$3,000 - 30,000</td>
</tr>
<tr>
<td>$320,000 - 369,999</td>
<td>$3,500 - 35,000</td>
</tr>
<tr>
<td>$365,000 - 524,999</td>
<td>$4,000 - 40,000</td>
</tr>
<tr>
<td>$525,000 and over</td>
<td>$4,500 - 45,000</td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$1,100 - 12,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$1,200 - 13,000</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$1,300 - 14,000</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$1,400 - 15,000</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$1,500 - 16,000</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$1,600 - 17,000</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$1,700 - 18,000</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$1,800 - 19,000</td>
</tr>
<tr>
<td>$80,000 - 99,999</td>
<td>$1,900 - 20,000</td>
</tr>
<tr>
<td>$100,000 - 139,999</td>
<td>$2,000 - 21,000</td>
</tr>
<tr>
<td>$150,000 - 199,999</td>
<td>$2,500 - 25,000</td>
</tr>
<tr>
<td>$240,000 - 299,999</td>
<td>$3,000 - 30,000</td>
</tr>
<tr>
<td>$320,000 - 369,999</td>
<td>$3,500 - 35,000</td>
</tr>
<tr>
<td>$365,000 - 524,999</td>
<td>$4,000 - 40,000</td>
</tr>
<tr>
<td>$525,000 and over</td>
<td>$4,500 - 45,000</td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$1,100 - 12,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$1,200 - 13,000</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$1,300 - 14,000</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$1,400 - 15,000</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$1,500 - 16,000</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$1,600 - 17,000</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$1,700 - 18,000</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$1,800 - 19,000</td>
</tr>
<tr>
<td>$80,000 - 99,999</td>
<td>$1,900 - 20,000</td>
</tr>
<tr>
<td>$100,000 - 139,999</td>
<td>$2,000 - 21,000</td>
</tr>
<tr>
<td>$150,000 - 199,999</td>
<td>$2,500 - 25,000</td>
</tr>
<tr>
<td>$240,000 - 299,999</td>
<td>$3,000 - 30,000</td>
</tr>
<tr>
<td>$320,000 - 369,999</td>
<td>$3,500 - 35,000</td>
</tr>
<tr>
<td>$365,000 - 524,999</td>
<td>$4,000 - 40,000</td>
</tr>
<tr>
<td>$525,000 and over</td>
<td>$4,500 - 45,000</td>
</tr>
</tbody>
</table>
Instructions for completing Form W-4VT

Who must complete Form W-4VT:
- Any person whose employer requires this form.
- Any person requiring Vermont withholding to be based on W-4 information which is different from the federal W-4. This would include employees anticipating Child Tax Credit, Hope Credit, or other federal credits which do not pass through to Vermont income tax and employees who are in civil unions.

Completing Form W-4VT: This form is completed in the same manner as the federal W-4. Complete the federal form first, following the instructions on the form or IRS Publication 919, How Do I Adjust My Tax Withholding?

- **Part 1 and 2:** Print or type your Name and Social Security Number.
- **Part 3:** Enter any information required by your employer.
- **Part 4:**
  - a. If you are a partner in a civil union, check either “Civil Union” or “Civil Union, but withhold at the higher Single rate". Otherwise check the filing status used on the Federal W-4.
  - b. Enter the number of withholding allowances for Vermont withholding. If you claimed additional allowances for Federal tax because of an anticipated child credit or education credit, do not claim these additional allowances for Vermont withholding.
  - c. If you want an additional amount of Vermont withholding to be deducted from each paycheck, enter that amount.
- **Part 5:** Sign and date the form and return it to your employer.

*This form may be photocopied as needed.*

---

**W-4VT**

**State of Vermont Department of Taxes**

**Vermont Employee’s Withholding Allowance Certificate**

<table>
<thead>
<tr>
<th>Part 1</th>
<th>Part 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Number:</td>
</tr>
<tr>
<td>(or other employer information required by employer)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is your Vermont filing status:</td>
</tr>
<tr>
<td>□ Single</td>
</tr>
<tr>
<td>□ Civil Union</td>
</tr>
</tbody>
</table>

| b. Total number of Vermont Withholding allowances |  |

| c. Additional amount, if any, of Vermont tax to be withheld from each paycheck | $ |

<table>
<thead>
<tr>
<th>Part 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify that I am entitled to the number of withholding allowances claimed on this certificate.</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

Rev. 12/01
Authorization Form for Electronic Deposit

I hereby authorize and request the Milton Town School District, hereinafter called "School", to make payments(s) from my paycheck to my account listed below.

I authorize the School to make payment for any amounts owing to me for payroll by initiating credit entries to my account indicated below in the bank name below, hereinafter call "Bank".

I authorize and request the Bank to accept any credit entries initiated by the School to such account and to credit the same to such account without responsibility for the correctness thereof.

The School will accept a copy of a check or deposit slip as authorization for deposit or you can obtain an Authorization for Automatic (Direct) Deposit form from your bank. Just be sure that the necessary information is notated (account type, account # and routing #).

Once the School receives this authorization form it may take approximately 14 business days before an electronic deposit will occur and not until the next pay date following the 14 business days period.

If the information provided is not satisfactory to the Bank we use to process - be advised it may take up to three (3) pay periods to correct the issue.

Bank Name: ______________________ Account Type: ______________________
Checking, Savings, Money Market, etc.

Amount to Deposit:
Entire Paycheck (_) or a Specific Dollar Amount $ ______________________

________________________________________
(Print Name)

________________________________________
(Signature)

________________________________________
(Date)

Date Received by District Office ____________________________
Date Received by Finance Department ____________________________

Revised – December 20, 2011
VT Form HC-2

DECLARATION OF HEALTH CARE COVERAGE

This form must be completed annually by all uncovered employees. Employers must retain this form for 3 years.

Employer: This form is only to be completed by employees if you offer to pay a portion of a health care plan that provides hospital and physicians services to at least some of your employees. You must retain all employee declaration forms together in a file for three years and be able to produce them in the event of an audit.

Employer’s Legal Name (Please print)

Employee: Complete and sign this form and return it to your employer. The purpose of this form is to obtain information regarding your health care coverage. The information you provide on this form will be used solely for purposes of determining if your employer must pay Health Care Contributions as required under Vermont law at 32 V.S.A § 10503.

Employee’s Full Name (Please print)

Employee ID or Social Security Number

Date of Birth

Will the employee be under the age of 18 for the entire calendar year?  
☐ YES  ☐ NO

If YES, stop. Please sign the bottom of the form and submit it to your employer.

If NO, please continue to complete this form and submit it to your employer.

Check the box beside the statement that best describes your health care coverage.

1. My employer has offered health care coverage, and I am eligible.
   ☐ I have accepted the health care coverage offered and provided by my employer.

2. My employer has offered health care coverage, and I am eligible. I have not accepted my employer’s coverage.
   ☐ I have health care coverage that includes hospital and physicians services from a source other than Medicaid or Vermont Health Benefit Exchange.
   My coverage is provided through: ____________________________
   ☐ I am a full-time employee and have health care coverage as an individual through the Vermont Health Benefit Exchange.
   ☐ I have Medicaid.
   ☐ I have no health care coverage.

3. My employer has offered health care coverage, but I am not eligible.
   ☐ I am a part-time employee who works fewer than 30 hours per week, and I have coverage from a source other than Medicaid that offers hospital and physicians services.
   ☐ I am a seasonal employee who expects to work for this employer 20 or fewer weeks during this calendar year, and I have coverage from a source other than Medicaid that offers hospital and physicians services.
   ☐ I have health care coverage that offers hospital and physicians services.
   My coverage is provided through: ____________________________
   ☐ I am a part-time or seasonal employee, and I do not have health care coverage or I am covered by Medicaid.
   ☐ I have no health care coverage.

   Note to the Employer: You must include the individuals who have checked a box under #3 in your uncovered hours if you do not offer your plan to all employees.

☐ I certify the above information is accurate and true to best of my knowledge and belief.

Employee Signature ____________________________ Date ____________________________

Note: If your health care coverage changes within the year, you must complete a new Declaration of Health Care Coverage.

Form HC-2
(Rev. 10/17)
Employment and/or Volunteer Services with Milton Town School District is contingent upon the results of this criminal records check. Please read the following information regarding the process:

**Step one:**
Candidates/Substitutes and/or Volunteers who are members in this school district must come to the Human Resource’s office and fill out a Vermont Criminal Information Center Fingerprint Authorization Certificate. The fee of $13.25 is required at the time of application and can be paid by cash or a check made payable to: Milton Town School District. Two forms of personal identification (i.e. Vt. Driver’s License; original social security card; passport; birth certificate or military I.D.) must be presented.

**Step two:**
The Chittenden County Sheriff’s Department is available for fingerprinting. They are open from 10:00 a.m. to 3:00 p.m. Tuesday - Thursday. **Please call the Chittenden County Sheriff’s Department to make an appointment 802-863-4341.** The completed Vermont Criminal Information Center Fingerprint Authorization Certificate must be brought with you to the Chittenden County Sheriff’s Department for your fingerprints to be processed. The charge will be $25.00 cash only. Applicants must bring at least two forms of identification with them, one of which must be a photo ID.

**Step three:**
Immediately following the fingerprinting, you will need to bring a copy of your receipt or Fingerprint card showing that you have had your fingerprints taken. **Candidates or volunteers must provide a copy of the receipt or fingerprint card to the Human Resource Coordinator prior to beginning work/assignment. Failure to do so will result in termination of assignment until they are secured.**

**Step four:**
The Vermont Department of Public Safety will process your criminal record check. **Although you may commence employment upon completion of Steps 1-3, your employment is contingent upon criminal record check results and review by the Superintendent.**

I have read and understand the information provided above.

______________________________
Signature

______________________________
Date
Milton Town School District
12 Bradley Street, Milton, VT 05468-3097, Human Resource Office (802) 893-5304, Fax: (802) 893-3020

Amy Rex
Superintendent

Terry Mazza
Human Resources

VERMONT CRIME INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE
45 State Drive, Waterbury, VT 05671

***APPLICANT: You must bring this certificate with you to your fingerprinting appointment. Identification Center staff WILL NOT submit your fingerprints to VCIC for processing without this form.***

Agency Code: 00353

REASON FINGERPRINTED:
- [ ] Adoption
- [ ] Education
- [ ] NCPA–Employment
- [ ] NCPA–Volunteer
- [ ] Secretary of State

NAME:
- [ ] Last
- [ ] First
- [ ] Middle

MAIDEN/OTHER NAMES:
- [ ]

DOB: _______________ SSN: _______________ GENDER: [ ] FEMALE [ ] MALE

PLACE OF BIRTH:
- [ ] Town
- [ ] State
- [ ] Country

TELEPHONE NUMBER: __________________________

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT
NB(NE) NV NH NM OH OR PA RI SC TN UT WV WY

Applicant Signature: __________________________

[ ] I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

[ ] Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: __________________________ Date: __________________________

IDENTIFICATION CENTER USE ONLY:

TVT: __________________________ Date Printed: __________________________

ATTN: ID Center’s the following fields are required before prints can be taken
Milton Town School District
12 Bradley Street, Milton, VT 05468-3097, Human Resource Office (802) 893-5304, Fax: (802) 893-3020

Amy Rex
Superintendent

Terry Mazza
Human Resources

RELEASE FOR SUBSCRIPTION SERVICE

Pursuant to Title 16, Chapter 5, Section 255 recognized Supervisory Union or Recognized School Officials are entitled to receive criminal conviction record information on an applicant applying for employment or volunteering for an educational facility. Title 20, Chapter 117, Section 2064 now allows an educational facility to receive conviction information on any criminal record with applicant permission during employment.

PLEASE PRINT CLEARLY & LEGIBLY

NAME:______________________________________________

DATE OF BIRTH:___________________________________

PLACE OF BIRTH:___________________________________

____ I give permission for the educational facility above to receive updates to my criminal conviction record via VCIC’s subscription service.

____ I do not give permission for the educational facility above to receive updates on my criminal conviction record.

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE:____________________________________DATE:__________________
CONSENT FOR RELEASE OF REGISTRY INFORMATION

Full Name: _______________________________ Gender: _____

LAST FIRST Middle Initial

Address: _______________________________________

City State Zip Code

Phone number: ___________ Last four digits of social security number: ______

Birth Date: ___________ Place of Birth: ________________________________

City State

Other FIRST names I have used, if any (i.e. Nicknames, Aliases):

Other LAST names I have used, if any (i.e. Maiden Names, Aliases):

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to: Milton Town School District

Applicant or Volunteer Signature Date

Agency Signature Date
REQUEST FOR SECONDARY DISSEMINATION
(Only fill this form out if you have had fingerprinting done for another Vermont School District)

Requesting School: Milton Town School District

School of Origin: ______________________________

Applicant: ______________________________
Last Name    First Name    Middle Name

DOB: ____________________ last four #’s of Social Security Number: ______________

Other First or Last Names: ______________________________

I, ___________________________________________ hereby acknowledge and agree
to the release of my Vermont Criminal Record Check to the above listed school for employment.

Signature of Applicant: ______________________________ Date: ______________

(Signature)

Identity Verified by: ______________________________________ Date: ______________
(Printed name of official making identification)

Signature of School Official: ______________________________

I understand that within 30 days of receiving the results of the record checks, I have the right to
appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45
State Drive, Waterbury, VT 05671-1300.

Great Schools, Strong Community, Successful People